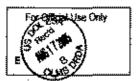
U.S. Department of Lebor Office of Lebor-Management ^ Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1, File Number U -

Name Richard

3. Name and address of person fling.

K Hall

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Teamsters Local Union 175

	Labor Organization File Number 00/60 S
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 188 Lock Lane	Street 267 Staunton Ave.
Chy Alum Creek	CMy South Charleston
State West Virginia ZP Code + 4 25003	State West Virginia ZPP Code + 4 25383
5. Position in labor organization. President	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of momentary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, il any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount
Street	
City	
State ZIP Code + 4	
Signature	

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

On 08/08/2005

Date

304.756.2759

Telephone Number

Name of Person Filing Richard Hall	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Susiness deals with:	
Name	a. Labor Organization	
Trade Name, # any.	b. Trust	
P.O. Box, Bidg., Room No., if any	C. Employer	
Street	<u> </u>	
City		
State ZIP Code + 4		
10, If 9.b, or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dellar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	,	
	12.b. Amount	
C. Received from any employer (other than an employer covered under parts A and S above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if arry).	Health & Welfare/Pension Trustee's Annual Meeting Dinner 8/11/04	
Name Manning & Napier		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any	,	
Street 1100 Chase Square		
City Rochester		
State New York ZF Code + 4 14604		
13.b. Is the Business an Employer or Consultant 2 ?	14.b. Amount of payment. \$70	